RAJYA SABHA

Tuesday, the 14th December, 2004/23 Agrahayana, 1926 (Saka)

The House met at eleven of the clock,

MR. CHAIRMAN in the Chair.

ORAL ANSWERS TO QUESTIONS

Universal Health Insurance Scheme

*181. SHRI DHARAM PAL SABHARWAL: Will the Minister of FINANCE be pleased to state:

(a) whether he has recently launched a Centrally heavily subsidized and the cheapest redesigned Universal Health Insurance Scheme (UHIS) targeting people below poverty line;

(b) if so, the total amount earmarked for UHIS;

(c) the maximum amount proposed to be given as compensation/ reimbursement of hospital expenses for diseases as well as accidental injuries under this scheme; and

(d) the details of the strategy for marketing of this health insurance policy?

THE MINISTER OF FINANCE (SHRI P. CHIDAMBARAM): (a) Yes, Sir.

(b) A Budget provision of Rs.5 crores has been made under the scheme for the current year towards subsidy to BPL families.

(c) The Scheme provides for reimbursement of medical expenses upto Rs.30.000/- towards hospitalization floated amongst the entire family, death cover due to an accident to the earning head of the family for Rs.25,000/- and compensation due to loss of earnings of earning member of the family @ Rs.50/- per day upto a maximum of 15 days.

(d) The Scheme is being implemented by the four Public Sector General Insurance Companies on flagship basis *i.e.*, by Oriental Insurance in Northern Region, United India in Southern Region, National Insurance in Eastern Region and New India in Western Region. The strategy adopted

by these companies, *inter-alia,* includes coverage of BPL families with the active support of State Governments, Non-Governmental Organizations, Voluntary Agencies and publicity through print and electronic media in local languages.

श्री धर्मपाल सब्बरवाल: सर, मैं आपके माध्यम से यह जानना चाहूंगा कि ग्रामीण क्षेत्र और शहरी क्षेत्रों में गरीबी रेखा का क्या मापदंड रख गया है और इसके साथ ही दुर्घटनावश मृत्यु होने पर, जो 2500 रुपए का बीमा दिया जाता है, यह बहुत ही कम है। क्या इसे बढ़ाने का विचार करेंगे?

SHRI P. CHIDAMBARAM: Sir, there is no distinction between the rural and the urban areas. As the House is aware, an insurance scheme, that is the Universal Health Insurance Scheme, was announced in the Budget of 2003-04. That scheme did not elicit a good response. In fact, the number of BPL persons covered under that scheme was only 11,408. Therefore, in this year's Budget the Government has announced a redesigned Universal Health Insurance Scheme. In this re-designed scheme, there is a much larger subsidy component. It will be implemented. We will have to wait and see the response to this scheme. The scheme was launched only on 20th September. I think we should give some time to the scheme before we decide whether it requires any improvement.

श्री धर्मपाल सब्बरवाल: सर यह जो इलैक्ट्रॉनिक मीडिया के माध्यम से प्रचार-प्रसार की बात कही गई है, गरीबी रेखा के नीचे रहने वाले लोगों तक बात पहुंच ही नहीं सकती है, क्योंकि उनके पास इतने साधन नहीं होते हैं कि वे यह जान सकें कि सरकार हमारे लिए क्या योजना बनाकर लाई है । उन तक आवाज पहुंचाने के लिए क्या आप कोई और व्यवस्था करेंगे?

श्री सभापति: आज इस प्रश्न के माध्यम से, सबके पास यह जानकारी पहुंच जाएगी।

SHRI P. CHIDAMBARAM: Sir, I agree with the hon. Member. The scheme has just been launched on 20th September. It would be too early to draw any conclusion. Only today I have written to all the Chief Ministers, saying, "Just as many Chief Ministers had adopted and owned the Agricultural Credit Policy, the State Governments must own the UHIS and help the insurance companies to implement it". I am confident that within a few months there will be enough publicity. The State Governments will also take ownership of this scheme and help us in implementing it.

श्रीमती सुषमा स्वराज: महोदय, मैं वित्त मंत्री महोदय से केवल एक छोटा सा प्रश्न पूछना चाहूंगी कि पिछले वर्ष के बजट में, पिछली सरकार के वित्त मंत्री ने एक हैल्थ इन्श्योरेंस स्कीम की घोषणा की थीं। आपने अब यह युनिवर्सल हैल्थ इन्श्योरेंस स्कीम की घोषणा की है, यह स्कीम उस स्कीम से किस मायने में भिन्न है?

SHRI P. CHIDAMBARAM: Sir, in fact, I disclosed the fact that there was a Universal Health Insurance Scheme, announced in the last Budget. That scheme covered both, the BPL and the APL families. There was a subsidy of only Rs. 100 per BPL family. Irrespective of the three sub-components, for example, the scheme had an individual insurance policy, an insurance policy for a family of five and an insurance policy for a family of seven. The subsidy was Rs. 100, irrespective of the three sub-components. Now, in the re-designed scheme the premium for individual insurance policy is Rs. 165, with a subsidy of Rs. 200. The premium for a family of five is Rs. 248, with a subsidy of Rs. 300. *(Interruptions)*

SHRIMATI SUSHMA SWARAJ: What is the difference in subsidy?

SHRI P. CHIDAMBARAM: I am telling you, Madam. In the earlier scheme, there was a uniform subsidy of Rs. 100 per family. Today, for the individual policy the subsidy is Rs. 200. For a family of five members, the subsidy is Rs. 300/-. For a family of seven members, the subsidy is Rs. 400/-. The subsidy component has been increased, which means the premium component has been reduced, and the scheme is now targeted to BPL alone. So, let us see how this scheme functions.

SHRI P. G. NARAYANAN: Mr. Chairman, Sir, though the Insurance Sector was thrown open to the private sector, not many insurance companies are offering health insurance schemes. Both the private sector and the public sector insurance companies do not cover pre-existing diseases. Will the Finance Minister hold discussions with the insurance companies to evolve a number of health insurance schemes in view of the steep rise in the hospitalisation costs and poor public health system?

SHRI P. CHIDAMBARAM: Mr. Chairman, Sir, public sector insurance companies are offering Mediclaim Policy. They are offering, the rather well known, Janarogya Scheme. I am not happy with what is on offer. We must try to find out whether more schemes can be offered. As far as the private sector is concerned, they are offering a number of health insurance schemes, but they are expensive schemes. I don't think they can really benefit the very poor people. Now, as far as pre-existing diseases are concerned, my recollection is — I cannot confirm, but I will confirm it—that you have to disclose pre-existing diseases before you take an insurance policy and your premium could depend upon your pre-existing diseases. In case of some diseases, the insurance policy will not cover that if it turns

out to be a serious one. But I am willing to look into it and inform the hon. Member what is the position about the pre-existing diseases and the disclosure requirements.

SHRIMATI N.P. DUGRA: Mr. Chairman, Sir, the National Advisory Council has recommended a National Health Insurance Policy with a premium between Rs. 150/- to Rs. 200/- per person. I would like to know from the Minister whether it is true that the Government is thinking of imposing health cess to meet the financial requirements of this scheme. If yes, the details may be given.

SHRI P. CHIDAMBARAM: What cess is under my contemplation and what cess we will impose can only be disclosed on one day in the year, that is, February 28.

डा॰ कुमकुम राय: सभापति महोदय, यह एक बहुत ही अच्छी स्कीम है, जिसमें क्षतिपूर्ति के रूप में जो तीस हजार रुपए पूरे परिवार के सदस्यों को अस्पताल में इलाज कराने के लिए दिए जाएंगे। मैं माननीय मंत्री जी से यह जानना चाहती हूं कि पंचायती राज व्यवस्था होने के पश्चात क्या यह सर्टिफिकेट, जो मुखिया के माध्यम से दिया जाएगा वह मान्य होगा या जब प्रखण्ड विकास पदाधिकारी द्वारा सर्टिफाई किया जाएगा, तब मान्य होगा?

श्री सभापति: इसे आप अभी छोड़िए। श्री दत्ता मेघे।

श्री दत्ता मेघे: सभापति जी, मैं माननीय मंत्री जी को यह बताना चाहता हूं कि किसानों के लिए जो भी हैल्थ इंश्योरेन्स स्कीम होती है, इसमें जो बीमार आदमी है, उसको डायरेक्ट फायदा नहीं मिलता है। इंश्यारेन्स कंपनी के क्लेम सेट होने में बहुत टाइम लगता है। हर स्टेट में बी.पी.एल. फैमिलीज बहुत कम हैं, उनकी लिस्ट बनी है। जो कैंसर जैसी बड़ी डिसिज्स होती हैं, उनमें उनको प्राइम मिनिस्टर फंड या सी.एम. फंड से पैसा मिलता है। मैं मंत्री जी से जानना चाहता हूं कि क्या इन लोगों के लिए आप डायरेक्ट कोई सुविधा करने वाले हैं? ये बहुत कम लोग हैं। सभापति जी, पांच करोड़ में काम नहीं होगा...(व्यवधान)...

श्री सभापति: क्वेश्चन कीजिए ...(व्यवधान)...

श्री दत्ता मेघे: हम यह चाहते हैं कि देश के गरीब आदमी को बीमे का फायदा मिले। वह खर्चा नहीं कर सकता, इसलिए वह बिना इलाज के मरता है, अत: उस आदमी को बीमे का डायरेक्ट फायदा दें।

SHRI P. CHIDAMBARAM: Sir, the benefits will go to the insured person.

Today the benefits under the scheme are: Reimbursement of hospitalisation expenses up to Rs. 30,000/-, personal accident cover of Rs. 25,000/- for death of the earning head of the family and compensation due to loss of earnings of Rs. 50/- per day up to a maximum of 15 days. These benefits will indeed go to the insured persons provided he makes a claim and the claim is accepted.

Investment in Special Deposit Scheme

*182. SHRI JIBON ROY: Will the Minister of FINANCE be pleased to state:

(a) whether it is a fact that his Ministry has turned down the proposal of Central Board of Trustees of EPF to invest the fund money in Special Deposit Scheme; and

(b) if so, the reasons therefor?

THE MINISTER OF FINANCE (SHRI P. CHIDAMBARAM) : (a) and (b) A Statement is laid on the Table of the House.

Statement

Investment in Special Deposit Scheme

(a) and (b) It was decided by the Government to stop fresh incremental accretions by non-Government provident funds, superannuation funds and gratuity funds into the Special Deposit Scheme (SDS) in 1997. However, these were allowed to invest interest income on SDS in SDS itself. In May, 2003, Government notified its decision to stop any new investment in the SDS after 30th June, 2003 and it was, *inter alia*, decided that the accretions in the corpus of the SDS on account of interest shall be invested as per the pattern for incremental accretions issued by Ministry of Finance *vide* Notification dated 6.3.2003.

The Central Board of Trustees, Employees' Provident Fund Organisation recommended in its meeting held in August, 2004 that interest on SDS should be allowed to be invested in the SDS itself. The matter is under examination.

SHRI JIBON ROY: Sir, I do not know what is in store for labour in the mind of the Government. But there was a Special Deposit Scheme where